

Department of Criminal Justice Services (DCJS)

Victims Services Grant Funded Programs:
INFORMATION UPDATE FORM

Victims services grant funded Victim/Witness, V-STOP, Sexual Assault and Domestic Violence Victim Fund Programs **are required** to notify DCJS **within 30 days** of any personnel change (see grant special conditions). Please submit the completed form(s) to your grant monitor via e-mail or fax. If you have any questions about when or how to complete the form, please contact your grant monitor.

Program Name: _____ Program Grant #: _____

Reason(s) for completing programmatic change form:

☐ Employee Separation ☐ New Staff ☐ Extended Leave (**longer than one week**) ☐ Other _____

SEPARATION

Name, Title, and Grant Position(s)* of Staff Leaving Program: _____
(*Please indicate if staff is Grant Funded Staff, **and/or** Grant Project Director, Project Administrator, **or** Finance Officer.)

Effective Date: _____

NEW STAFF/HIRING

Name, Title, and Grant Position(s)* of New Staff: _____
(*Please indicate if staff is Grant Funded Staff, **and/or** Grant Project Director, Project Administrator, **or** Finance Officer.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail (Required): _____ Fax: _____

Effective Date: _____

Name of Previous Staff Person, Separation Date, and Date DCJS Notified _____

EXTENDED LEAVE

Name, Title, and Grant Position(s)* of Staff to be on Extended Leave: _____
(*Please indicate if staff is Grant Funded Staff, **and/or** Grant Project Director, Project Administrator, **or** Finance Officer.)

Effective Dates: Begin _____ TO _____ End _____

Is anyone assisting with your grant responsibilities during your absence? Yes ☐ No ☐

If yes, please list name & contact information of staff providing coverage:**

**(Note: Grant personnel funds cannot be requested for staff coverage without prior DCJS grant monitor consult/approval.)

Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail (Required): _____ Fax: _____

If you are a DCJS funded Victim/Witness program and you would like to refer victims to DCJS's **Crime Victim Assistance INFO-LINE** during your absence, please contact Carla Wagstaff, INFO-LINE Coordinator at (804) 225-3453.